



City of Alexandria Fire Department

Medic / Emergency Rescue Technician II Recruitment Process

Character Background Questionnaire

***Please Complete and Submit to the Fire
Department by May 17, 2010***

Alexandria Fire Department-Medic / Emergency Rescue Technician II Recruitment

Name: _____

Social Security #: _____

INSTRUCTIONS TO APPLICANT

- Each applicant is hereby advised that the contents of this Questionnaire will be kept strictly **CONFIDENTIAL** and no information will be disseminated to any person except when essential to the conduct of proper and official Fire Department business.
- The intentional omission or falsification of any material fact is just cause for disqualification or dismissal of a candidate because of dishonesty.
- A polygraph examination will determine truthfulness. If you have prior military services, include a copy of your DD 214 with the Background Packet.

You must answer every question in this questionnaire. Attach additional pages if there is insufficient space for your answers or credentials.

Alexandria Fire Department-Medic / Emergency Rescue Technician II Recruitment

Name: _____ Social Security #: _____

**ALEXANDRIA FIRE DEPARTMENT
Medic / Emergency Rescue Technician II
CHARACTER/BACKGROUND QUESTIONNAIRE**

Instructions: Responses must be typed or printed in black ink. If additional space is needed to answer any question, entry should be continued on a separate sheet(s) of paper. No spaces are to be left blank; if a section does not apply, fill in "N/A" (not applicable).

PERSONAL HISTORY

NAME: _____			
Last	First	Middle	Social Security #
ADDRESS: _____			
Street	City	State	Zip Code
TELEPHONE: Home: _____		Work/Cell: _____	
(Area Code)		(Area Code)	
E-MAIL ADDRESS: _____			
BIRTH DATE: _____		BIRTH PLACE: _____	
PLACE OF NATURALIZATION (if applicable): [] N/A			
City and State: _____			
Date of Naturalization: _____			
Naturalization Certificate Number: _____			
SEX: _____	RACE: _____	HEIGHT: _____	WEIGHT: _____
EYES: _____		HAIR: _____	
DRIVERS LICENSE NO: _____ STATE: _____ EXPIRATION DATE: _____			
If your name has been legally changed, give the following information (<i>Include maiden name</i>):			
Former Name _____	Date of Change _____	Court of Record _____	City/State _____
CHECK CURRENT STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			

Alexandria Fire Department-Medic / Emergency Rescue Technician II Recruitment

Name: _____ Social Security #: _____

DEPENDENTS

(Spouse/Domestic Partner, children, and all other dependents)

1. _____		
Name (Spouse)		Birth Date / Birth Place
Address	Street	City, State Zip Code
Occupation	Employer	Telephone No.
2. _____		
Name		Birth Date / Birth Place
Relationship		
Address	Street	City, State Zip Code
3. _____		
Name		Birth Date / Birth Place
Relationship		
Address	Street	City, State Zip Code
4. _____		
Name		Birth Date / Birth Place
Relationship		
Address	Street	City, State Zip Code
5. _____		
Name		Birth Date / Birth Place
Relationship		
Address	Street	City, State Zip Code

Alexandria Fire Department-Medic / Emergency Rescue Technician II Recruitment

Name: _____

Social Security #: _____

CHARACTER REFERENCES
(Other than family by birth or marriage)

1.		
Name		Birth Date / Birth Place
Relationship		
Address	Street	City, State Zip Code
Telephone	Employer	Position/Title
2.		
Name		Birth Date / Birth Place
Relationship		
Address	Street	City, State Zip Code
Telephone	Employer	Position/Title
3.		
Name		Birth Date / Birth Place
Relationship		
Address	Street	City, State Zip Code
Telephone	Employer	Position/Title
4.		
Name		Birth Date / Birth Place
Relationship		
Address	Street	City, State Zip Code
Telephone	Employer	Position/Title

Alexandria Fire Department-Medic / Emergency Rescue Technician II Recruitment

Name: _____

Social Security #: _____

RESIDENCES

Please list residences where you have lived three months or longer over the past ten years, beginning with your current address. *(Attach additional sheets, if necessary).*

FROM (Mo & Yr) _____ / _____		TO (Mo & Yr) _____ / _____	
Your Address	Street	City, State Zip Code	Telephone
<hr/> <hr/>			
FROM (Mo & Yr) _____ / _____		TO (Mo & Yr) _____ / _____	
Your Address	Street	City, State Zip Code	Telephone
<hr/> <hr/>			
FROM (Mo & Yr) _____ / _____		TO (Mo & Yr) _____ / _____	
Your Address	Street	City, State Zip Code	Telephone
<hr/> <hr/>			
FROM (Mo & Yr) _____ / _____		TO (Mo & Yr) _____ / _____	
Your Address	Street	City, State Zip Code	Telephone
<hr/> <hr/>			

Alexandria Fire Department-Medic / Emergency Rescue Technician II Recruitment

Name: _____ Social Security #: _____

EMPLOYMENT HISTORY

List all employment in chronological order beginning with your present employer and going back 10 years. Include self-employment, part-time and/or unemployment (Attach additional sheets, if necessary.) If you were dismissed from a job or forced to resign, please attach a statement giving complete details.

FROM (Mo/Yr) ____ / ____ TO (Mo /Yr) ____ / ____ POSITION: _____			
Employer		Supervisor	
Address	Street	City, State Zip Code	Telephone
Reason for Leaving			
FROM (Mo/Yr) ____ / ____ TO (Mo/Yr) ____ / ____ POSITION: _____			
Employer		Supervisor	
Address	Street	City, State Zip Code	Telephone
Reason for Leaving			
FROM (Mo/Yr) ____ / ____ TO (Mo/Yr) ____ / ____ POSITION: _____			
Employer		Supervisor	
Address	Street	City, State Zip Code	Telephone
Reason for Leaving			
FROM (Mo/Yr) ____ / ____ TO (Mo/Yr) ____ / ____ POSITION: _____			
Employer		Supervisor	
Address	Street	City, State Zip Code	Telephone
Reason for Leaving			

Alexandria Fire Department-Medic / Emergency Rescue Technician II Recruitment

Name: _____

Social Security #: _____

EDUCATION

Begin with the school, e.g., university, college, trade school, etc., that you most recently attended and end with the last high school attended. If you received a GED equivalency diploma, please record this under the name of the school along with other pertinent information. Please provide month and year when specifying dates.

School Name	Location (City, State, Zip)	Attendance From (Mo/Yr) - To (Mo/Yr)	Type of Diploma/Degree Received	Graduation Date	Credit Hours

FOREIGN LANGUAGES - List all foreign languages other than English (include sign language) that you can speak or read fluently:

1. _____ ☐ SPEAK ☐ READ ☐ WRITE
2. _____ ☐ SPEAK ☐ READ ☐ WRITE
3. _____ ☐ SPEAK ☐ READ ☐ WRITE

EMS Certifications- List special skills, training, qualifications or accomplishments that are related to the Medic/Emergency Rescue Technician II position. Some examples are: related courses or training; skills with technology; job-related licenses or certificates; public speaking; writing experience; professional societies; patents or inventions; etc.

- 1 _____
- 2 _____
- 3 _____
- 4 _____

Alexandria Fire Department-Medic / Emergency Rescue Technician II Recruitment

Name: _____ Social Security #: _____

MILITARY SERVICE

HAVE YOU EVER BEEN A MEMBER OF ANY BRANCH OF THE MILITARY SERVICES/ARMED FORCES? ☐ YES ☐ NO **IF YES, GIVE THE FOLLOWING:**

BRANCH OF SERVICE _____ SERVICE # _____

DATE ENTERED: _____ / _____
Mo. Yr.

DATE DISCHARGED OR PENDING DISCHARGE: _____ / _____
Mo. Yr.

NUMBER OF ENLISTMENTS:

HIGHEST RANK:

PRIMARY DUTIES:

TYPE OF DISCHARGE: ☐ HONORABLE ☐ GENERAL ☐ DISHONORABLE

ARE YOU A MEMBER OF ANY MILITARY RESERVE OR NATIONAL GUARD? ☐ YES ☐ NO

IF YES, GIVE THE FOLLOWING:

BRANCH: _____

SERIAL #: _____

RANK: _____

PRESENT STATUS: ☐ Active ☐ Inactive

HAVE YOU EVER BEEN A MEMBER OF ANY FOREIGN OR SOVEREIGN NATION MILITARY SERVICE/ARMED FORCES? ☐ YES ☐ NO

IF YES, GIVE THE FOLLOWING:

NAME OF COUNTRY: _____

IDENTIFICATION NUMBER: _____

LENGTH OF SERVICE: _____

Alexandria Fire Department-Medic / Emergency Rescue Technician II Recruitment

Name: _____

Social Security #: _____

DID YOU EVER APPEAR BEFORE YOUR COMMANDING OFFICER (OR HIS/HER DESIGNATED REPRESENTATIVE) FOR DISCIPLINARY REASONS?

☐ YES ☐ NO IF YES, GIVE REASONS:

DATE	CHARGE(S)	DISPOSITION

WERE YOU EVER THE SUBJECT OF ANY CRIMINAL INVESTIGATIONS OR ARRESTED BY THE MILITARY AUTHORITIES CONCERNING ANY ALLEGED MISCONDUCT ON YOUR PART?

☐ YES ☐ NO IF YES, GIVE THE FOLLOWING:

DATE	LOCATION	ALLEGATIONS

HAVE YOU EVER BEEN TURNED DOWN, DENIED ENTRY, OR REJECTED BY ANY BRANCH OF THE ARMED FORCES OR MILITARY SERVICE FOR ANY REASON (exclude medical reasons)?

☐ YES ☐ NO IF YES, GIVE THE FOLLOWING:

DATE	BRANCH	REASON

ARE YOU REGISTERED WITH SELECTIVE SERVICE ? ☐ Yes ☐ No

CITY/STATE _____

Alexandria Fire Department-Medic / Emergency Rescue Technician II Recruitment

Name: _____ Social Security #: _____

COURT RECORDS

Yes	No	Questions
		A. Have you <u>ever</u> been convicted or held for a criminal offense by any Federal, State or local law enforcement authority. Explain "Yes" answers below:
		B. Have you <u>ever</u> been convicted, for any traffic offense or violation by any law enforcement authority. Explain "Yes" answers below:
		C: Have you <u>ever</u> been detained, held, or served time in any jail, prison or institution under the jurisdiction of any city, county, state, Federal or foreign country? Explain "Yes" answers below:
		D : Have you ever been convicted or are you now under suspended sentence, parole, or probation or awaiting any actions or charges against you? Explain "Yes" answers below:
		E. Have you ever been directly or indirectly involved with any type of law enforcement criminal investigation? Explain "Yes" answers below.

Alexandria Fire Department-Medic / Emergency Rescue Technician II Recruitment

Name: _____

Social Security #: _____

DRIVING RECORD

1. IN WHAT STATE ARE YOU CURRENTLY LICENSED TO DRIVE?

LICENSE/PERMIT NUMBER:

CLASS:

EXPIRATION DATE:

2. How long have you been a licensed driver? _____

3. Were you ever involved in or the cause of a hit and run accident? Yes No

4. Do you have any pending lawsuits because of an accident? Yes No

5. Have you ever possessed a driver's license from another state¹? Yes No

If yes, please list State and dates: _____

6. Has your auto insurance ever been cancelled in your State of residence or any other State? Yes No

If yes, please list State and dates: _____

7. Have you ever received a "warning letter" from the Motor Vehicle Administration (or similar State department with oversight of motor vehicles) of your State of residence or any other State?

If yes, please list State, dates, and reason for "warning letter:" Yes No

8. Were you ever denied motor vehicle insurance? Yes No

If yes, explain why: _____

9. Do you have any traffic violation tickets in your State of residence or any other State that have not been paid?

¹ For purposes of this Questionnaire, "State" includes the District of Columbia and any US Territories

Alexandria Fire Department-Medic / Emergency Rescue Technician II Recruitment

Name: _____

Social Security #: _____
Yes No

If yes, please explain: _____

DRIVING RECORD

Date	Offense/Violation	Police Department or Agency Name and Address	Disposition or Fine Imposed

DRIVERS LICENSE SUSPENSION OR REVOCATION

Dates of Suspension	Drivers License #	State	Reason for Suspension / Revocation

**ARE THERE ANY RESTRICTIONS OR SPECIAL CONDITIONS
ATTACHED WITH YOUR OPERATOR'S LICENSE/DRIVER'S PERMIT?**

[] YES [] NO

IF YES, GIVE CONDITIONS:

Alexandria Fire Department-Medic / Emergency Rescue Technician II Recruitment

Name: _____

Social Security #: _____

DRUGS

"Yes" answers must be fully explained at the bottom of this page. *(Attach additional sheets if necessary.)*

Yes	No	Question
		A. Have you ever used, tried, or experimented with any habit-forming or unlawful drugs such as hallucinogens (including LSD and PCP), barbiturates, amphetamines, cocaine, heroin, anabolic steroids, cannabis (including marijuana or hashish) inhalants, gases, or any controlled substance in any form?
		B. Have you ever used another person's prescribed medication for pleasure or recreational purposes?
		C. Have you ever sold or distributed any type(s) of illegal drug(s)?
		D. Have you ever illegally used any other types of drugs not mentioned?
		E. Do you associate with anyone who is using illegal drugs?
		F. Do you use any tobacco products (cigarettes, cigars, pipe, chew, or snuff)?
		G. Have you ever been involved in the illegal purchase, possession, or sale of any narcotic, depressant, stimulant, hallucinogen, or Cannabis?
		H. Has your use of alcoholic beverages (such as liquor, beer, wine) ever resulted in the loss of a job or arrest by police?

Question	Type of Drug Or Substance	Explanation of Involvement (including total usage)	Last Date Used (Month/Year)

Alexandria Fire Department-Medic / Emergency Rescue Technician II Recruitment

Name: _____ Social Security #: _____

ORGANIZATIONS

List all organizations, excluding labor unions, to which you belong or have previously belonged. (Attach additional page(s) if necessary).

Name	Address	From	To

Alexandria Fire Department-Medic / Emergency Rescue Technician II Recruitment

Name: _____ Social Security #: _____

MISCELLANEOUS

"Yes" answers must be explained in the box following the questions. Attach additional sheets, if necessary.

Yes	No	Question
		A. Have you ever had a security clearance issued by a local, state, or Federal agency denied or revoked?
		B. Are you a United States citizen? (If naturalized, give the following information on an additional sheet of paper: date, place, court and certificate number.)
		C. Are you legally eligible for employment in the United States?
		E. Have you ever been expelled, dismissed, suspended, or had any type of disciplinary action, including scholastic probation, while a student at any type of educational institution?

Question	Explanation/ Additional Information

Alexandria Fire Department-Medic / Emergency Rescue Technician II Recruitment

Name: _____

Social Security #: _____

**CHARACTER BACKGROUND QUESTIONNAIRE
APPLICANT CERTIFICATION STATEMENT**

I, _____ hereby certify that every statement made on this questionnaire is true and complete to the best of my knowledge. I understand that any false or incomplete answer may be grounds for not employing me or for dismissing me after I begin work. I understand I may be required to verify all information given on this questionnaire. Employment will be contingent upon results of a complete character/background investigation. I certify that the entries made on this form and the attachments are true, complete and accurate. I also understand that all appointments are probationary for a period of up to 18 months, during which time I must demonstrate to the City of Alexandria Fire Department that I am fit for continued employment.

DATE

SIGNATURE OF APPLICANT